

EQUIVALENCY EXAMINATION APPLICATION

THIS APPLICATION SUBJECT TO THE PRIVACY ACT

NAME (Last, First, MI):	Date:
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TO: DIRECTOR
ATTN STUDENT SERVICES
NAVFACCONTRACEN
3502 GOODSPEED STREET SUITE 2
PORT HUENEME CA 93043-4337

1. I request permission to take Naval Facilities Acquisition Center for Training Equivalency Examination for the following course:

2. I have discussed this with my supervisor and as indicated below, agree that I should be afforded the opportunity to take this examination. I realize that unsuccessful results will preclude my being retested for a period of six months.
3. The name, address, and DSN number of the Test Control Officer (TCO) who services our organization is: (The exam will be mailed to the TCO. The TCO is usually in the Human Resources Office or your local Training Representative.)

TCO Name:	Address (include zip code):
Commercial Phone Number:	
DSN Phone Number:	
Concur with request:	
Immediate supervisor's printed/typed name:	Immediate supervisor's signature:
Applicant's Name: (Last, First, MI)	Applicant's signature:
Applicant's SSN:	Work Address (include zip code):
Applicant's grade, series, AFSC, MOS:	
DSN and Commercial Phone Numbers:	

NOTE TO ALL APO FPO APPLICANTS: PLEASE LIST COMPLETE ADDRESS TO INCLUDE: COUNTRY, STATE, CITY, MILITARY INSTALLATION. WITHOUT THIS INFORMATION, WE MAY NOT BE ABLE TO PROCESS YOUR APPLICATION.